

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

KRS Properties, LLC, et al

Plaintiff

v.

United States Department of Health &
Human Services

Defendant

)
)
) Civil Action No. 4:24-cv-00337-O
)
)
)

Summons in a Civil Action

TO: United States Department of Health & Human Services, Centers for Medicare & Medicaid Services, through its Secretary, Xavier Becerra

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

Allison Spruill
6805 N. Capital of Texas Highway
Suite 330
Austin, TX 78731

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

DATE: 04/18/2024



Civil Action No. 4:24-cv-00337-O

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ other *(specify)* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

KRS Properties, LLC, et al

Plaintiff

v.

United States Department of Health & Human
Services

Defendant

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TO: United States Department of Health & Human Services, Centers for Medicare & Medicaid Services, through its Secretary, Xavier Becerra

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
- or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (801 Cherry Street, Suite 1700,Fort Worth, TX 76102-6897)

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Austin , TX 78731

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(These copies of the summons and complaint are to be sent by registered or certified mail to the Attorney General of the United States at 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001.)

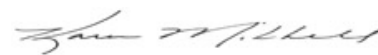
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Suite 330
Austin, TX 78731

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